

## Provider Reimbursement Form

Provider: \_\_\_\_\_ Assignment Dates: \_\_\_\_\_

Reimbursable assignment expenses you paid for; i.e., auto rental, hotel, etc. and attach all receipts. (Personal expenses are not reimbursable. These include, but are not limited to: laundry, companion travel, long distance telephone calls, housing upgrades, entertainment, rental care upgrades, gasoline, food, airline ticket upgrades and excess baggage. VISTA will reimburse for the cost of one (1) checked bag; requests for reimbursement must include an airline carrier receipt.)

			<i>For Office Use Only Invoicing</i>		
	Description	Date	Amount		
1				Y	N
2				Y	N
3				Y	N
4				Y	N
5				Y	N
6				Y	N
7				Y	N
Subtotal Expenses					

### Mileage Reimbursements

	From	To	Date	Total Miles		
1					Y	N
2					Y	N
3					Y	N
4					Y	N
5					Y	N
				Total Miles		
				Mileage Reimbursement Rate up to current IRS allowable per mile	x	
				Subtotal Mileage Reimbursement		
				Total Practitioner Reimbursement		

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VISTA Approval: \_\_\_\_\_ Date: \_\_\_\_\_